

**REQUEST FOR INFORMATION**  
**LONG TERM SERVICES & SUPPORTS FOR**  
**PERSONS ENROLLED IN LOUISIANA MEDICAID**

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*Response to the State of Louisiana*  
*Bureau of Health Services Financing (Medicaid)*  
*Office of Aging & Adult Services*  
*Office for Citizens with Developmental Disabilities*



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*Your Plan for Success*

**The response should include your areas of expertise and any experience in managing the population in other states. Results of prior experiences in managing such a population will be useful. These results should include improved choices for recipient, improved recipient outcomes and cost avoidance for the state.**

## EXPERIENCE & APPROACH

Louisiana Healthcare Connections, Inc., operating as a Coordinated Care Network (CCN) in the State of Louisiana since February 2012, has worked with DHH in its transition from a traditional Fee-for-Service (FFS) model to the current dynamic Shared Savings/Pre-Paid Bayou Health Plan program. As a trusted partner to the state in this profound reform, we possess an applied understanding of—and appreciation for—the needs of the population, their barriers to care and the unique issues they face every day.

Established in Louisiana, Louisiana Healthcare Connections brings a critical local perspective cultivated by benefit of a local workforce committed to the needs of its fellow residents. With a deep and abiding connection to the state and its communities, Louisiana Healthcare Connections employees *understand* multigenerational households as well as the challenges they must overcome in order to achieve better health. First and foremost, families caring for other family members must be able to trust institutional caregivers. As you know, in Louisiana, “outsiders” and strangers are rarely granted meaningful access to families with special needs and, as a result, are unable to have meaningful *impact* on their health. Because Louisiana Healthcare Connections focuses its healthcare services around the “who” rather than the “what,” we are better poised to reach and serve a special needs population.

Supporting this approach is our parent company Centene Corporation (Centene). For over 25 years, Centene has been at the forefront of meaningful change. When states transition from FFS to managed care for their special needs populations, they turn to Centene for solutions and an experienced partner. In 2012, Centene was awarded contracts in New Hampshire and Kansas to manage the healthcare of populations including individuals eligible for Long Term Care (LTC), Aged, Blind and Disabled (ABD), duals, non-duals, members with Severe Mental Illness (SMI) and members with developmental disabilities (DD). On January 1, 2013 Sunflower Health Plan commenced operations in Kansas. Centene knows the issues states face when making such significant changes in their Medicaid service delivery system and is particularly committed to ensuring members with special health care needs experience no disruption in their care. A seamless transition is vital to establishing trust and ensuring success. Today, Centene-affiliate health plans are located in 18 states and manage the care of over 2.5 million members. Of those 2.5 million members, over 300,000 are ABD or LTC members. The chart below depicts services and populations by State in which Centene serves ABD, DD and Traumatic Brain Injury (TBI) populations:

Services	AZ	FL	IL	KS	NH	TX
Acute	●	●	●	●	●	●
Prescription Drugs	●	●	●	●	●	●
Behavioral Health	●	●	●	●	●	●
HCBS	●	●	●	●	●	●
Nursing Facility	●	●	●	●	●	●
Populations						
A&D/PD	●	●	●	●	●	●
DD			●	●	●	
TBI	●		●	●	●	

**IL - 10/00 LTRN starts in 2013  
 NH - Health Plan Operations start 2013; planning in LTRN  
 NH - LTRN for A&D, PD start January 1, 2013; LTRN for 10/00 start January 1, 2014**

In Florida, the value of Centene's approach is clearly demonstrated by our affiliate, Sunshine State Health Plan (Sunshine Health). Sunshine Health was recently awarded a contract to serve members in ten of the state's eleven regions in Florida's new Medicaid Managed Care Long Term Care program. Sunshine Health was one of the most successful bidders and looks forward to serving approximately 24,000 LTSS members through the new program.

Sunshine Health began providing services to LTSS recipients through a capitated nursing home diversion program that has been in existence since 1998. Sunshine Health began serving nursing home diversion members in December 2010 and currently coordinates Home and Community-Based Services (HCBS) for approximately 2,400 individuals. The goal of the diversion program is to help members be as healthy as possible so they can continue living in their home and community. Sunshine Health's approach is to have participation from the beneficiary, the caregiver, the physician and others to ensure an appropriate care plan is developed and reviewed periodically over time. A Care Manager works with the member to coordinate and arrange all HCBS. A 2012 Member Satisfaction Survey indicated an overall satisfaction rate for Sunshine Health's Nursing Home Diversion Program of 98.7% with respondents indicating 97.4% of the time they would recommend Sunshine Health. This new contract replaces the state's current Nursing Home Diversion Program and will allow Sunshine Health to provide services for their LTC members along the entire continuum of care on a full-risk basis.

In Arizona, LTC services, including both HCBS and facility-based services, have been managed on a full-risk basis since 1989. Bridgeway Health Solutions (Bridgeway), another Centene subsidiary, began serving approximately 700 members of Arizona's long term care population in October 2006 and currently serves over 6,000 LTC enrollees. In May 2011, Bridgeway was awarded a contract to serve six counties—three more than it previously served. Bridgeway's assessment team includes Case Managers, Registered Nurses and Social Workers as well as a Medical Director, a Pharmacist and a Behavioral Health Coordinator. Together, the team completes all member assessments within 10 days of enrollment and conducts thorough reassessments every three months in community-based settings and every six months within nursing home facilities.

In Texas, LTC services have been managed on a full-risk basis since 1998. In 2007, Centene's subsidiary, Superior HealthPlan (Superior), began serving 11,800 STAR+PLUS members in the LTC population and, today, provides services for over 109,000 STAR+PLUS members. Superior's approach supports member-directed care, prioritizing functional and behavioral health needs as highly as medical needs and providing services in the most integrated, least restrictive setting possible. Service Coordinators ensure members receive Long Term Services and Supports (LTSS) and other resources necessary to prevent or delay the need for institutionalization. Superior has dedicated Relocation Nurses to ensure all individuals who are able and desire to return to the community from a nursing facility can do so successfully.

Our LTC programs have seen increased consumer satisfaction ratings and decreased nursing facility placement through the promotion of home and community based services as demonstrated by the examples below.

#### **BRIDGEWAY HEALTH SOLUTIONS (Arizona)**

- 96% Consumer Satisfaction Rating
- CY 2010 Member Satisfaction Survey conducted with members indicated a high-level of satisfaction with their Case Managers (95%-96% range)
- Since 2009, Bridgeway reduced the number of individuals with institutional placements from 30% to 26%
- Achieved increases in all three diabetes initiative measures between 2007 and 2009 (HbA1c screening 8%, eye exams 40%, LDL-C screening 6%) by enhancing coordination and facilitation of provider visits, screening, and tracking of results by case management staff, and arranging for onsite retinal exams at nursing and assisted living facilities and homes

- In 2008, Bridgeway developed an initiative to improve the post-inpatient transition of care process by improving and standardizing communication processes, including a case management follow up call that occurs within the first two days after discharge
- The 30-day readmission rate decreased 40% from baseline to 2010

#### SUPERIOR HEALTHPLAN (Texas)

- Generated 8% cost savings for the State
- 25% diversion from nursing facilities into home and community based settings
- 90% Consumer Satisfaction Rating

#### ***Responders are requested to describe their approach to providing Medicaid health care services to the populations described here, include the following: Populations to be included;***

To best manage the LTSS program for maximum impact, we recommend including both the non-dual and dual eligible populations. Dual eligibles comprise the vast majority of Medicaid long-term care recipients and, clinically, typically live with multiple, chronic conditions. A strong, coordinated care model is particularly well-suited to serving persons with complex, chronic conditions. We can impact a member's health by removing barriers to care, conducting frequent outreach, incentivizing the member to seek preventive care and connecting the member to social support programs **before** they require LTSS. Combined, these actions would result in better outcomes for the recipient as well as cost savings for the State.

#### ***Best enrollment model for program;***

##### MANDATORY ENROLLMENT

Implementing mandatory enrollment for the LTSS program would allow Louisiana Healthcare Connections to effectively manage the population and promote member accountability. This model ensures continuity of care as the member is not "churning" in and out of the program. Most importantly, longevity within the LTSS program will lead to improved outcomes for the recipient.

##### EXTENDED ENROLLMENT PERIOD

Louisiana Healthcare Connections also recommends a two month open enrollment period. A longer enrollment period will give recipients more time to choose a health plan which, in turn, will mitigate the impact of auto assignments.

##### ENROLLMENT BROKER

Finally, Louisiana Healthcare Connections recommends DHH enlist the services of an enrollment broker to assist members with selecting a health plan. Use of an enrollment broker provides members with an unbiased third party to conduct outreach and provide information regarding topics such as provider network and value-added benefits, both of which are important differentiators for members when selecting a health plan.

#### ***Supports and services (Medicaid and non-Medicaid funded) essential to include in the model;***

A collaborative, coordinated approach integrates the care delivered by medical providers, behavioral health services, advocacy interests and social services in order to achieve better healthcare outcomes for program recipients while saving State expenditures. It is principally through improved outcomes that Centene is able to attain long term cost containment and redirect less effective expenditures.

## MEMBER PARTICIPATION

For the LTSS program, Louisiana Healthcare Connections would be committed to ensuring members are involved in their care planning. Services to support LTC would include a 24-hour nurse advice line, integrated behavioral health programs, home modifications, attendant care, emergency alert systems and equipment to assist with mobility.

## APPROPRIATE CASE MANAGER-TO-MEMBER RATIO

In addition, Louisiana Healthcare Connections would assign in-home Case Managers using a Case Manager-to-member ratio that ensures Case Managers have the capacity to interact with members at a frequency that meets each individual member's needs. Using proactive member assessments, Louisiana Healthcare Connections would strive to eliminate functional barriers to care. Along the continuum of this comprehensive approach, we encourage community involvement, consumer-directed care initiatives, team-based care management and integrated systems that facilitate partnerships with providers, caregivers, members and social services.

## IDENTIFICATION OF HCBS

A managed, long-term care approach would accommodate individuals who require a nursing facility level of care. Those who are appropriately served in a nursing facility would receive intensive case management attention to ensure the appropriate level of care is being provided. Those individuals who have the desire and ability to be in an HCBS setting receive the services and support needed to mitigate the triggers that can lead to nursing facility placement. Members would be evaluated on an individual basis before a care plan based on their needs is developed. Using local Case Managers familiar with available and effective social support programs within the community and capable of leveraging those supports and services for both the member and the member's caregiver provides LTC beneficiaries with dynamic and trusted resources. HCBS we would offer include (but are not limited to):

- Personal care and homemaking
- Self-Directed Care
- Assisted Living
- Traumatic Brain Injury (TBI) and Behavioral Health-focused group homes
- Adult day care
- Nursing care
- Behavioral Health Wrap Around Supports
- Home Delivered Meals
- Transportation
- Linkages to Community Resources
- Emergency Alert Systems
- Minor Home Modifications
- Long Term Care Safety Checks
- Respite Care

In addition to these services, Louisiana Healthcare Connections recommends considering other innovations in helping LTC members remain in an HCBS environment:

- Therapeutic Pet Therapy Programs
- Pest Control Services
- Denture Care
- Telemonitoring

### ***Approach to conflict-free case management;***

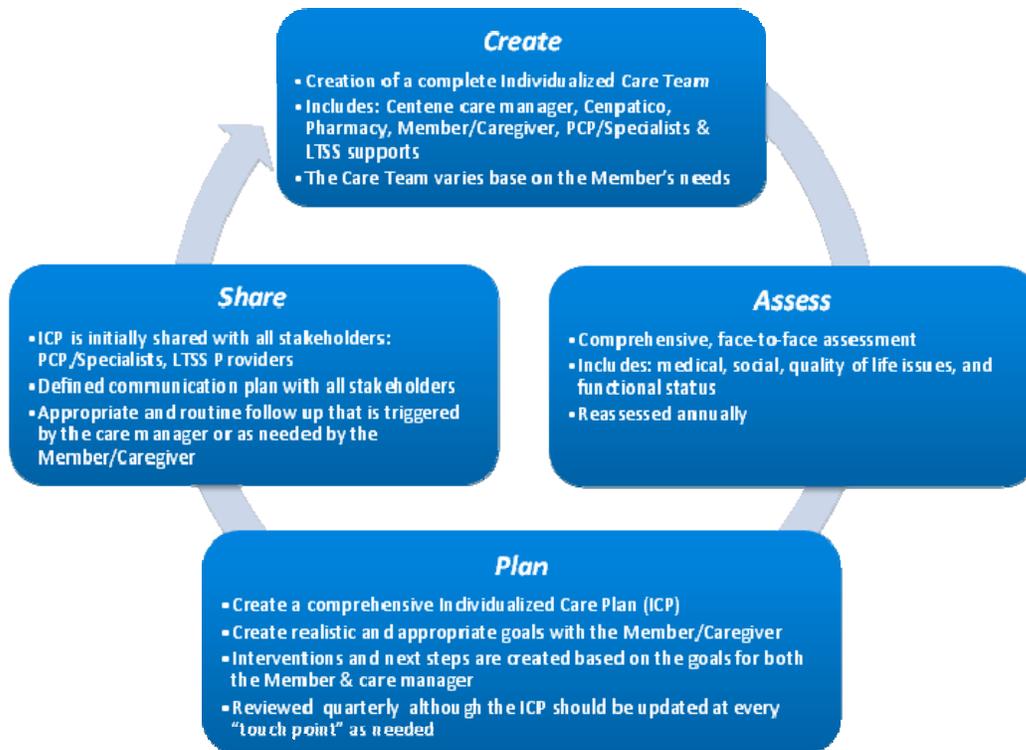
Louisiana Healthcare Connections would emulate the approach our parent company, Centene, and its subsidiary health plans with LTSS programs utilize to provide effective case management to members and employ local Case Managers. These Case Managers would be recruited and hired from within the community and be familiar with the common barriers to care and bring connections to the community of providers, including the social support programs members require to live a fulfilling and healthy life.

Having Case Managers at the health plan level would build trust, streamline the continuity of care, provide less confusion and increase a sense of security by the member. The member develops a relationship with their Case Manager who can assist the member and their caregiver in navigating the complexity of providing care when dealing with multiple agencies, LTSS providers and facilities. An Integrated Care Team (ICT) includes RNs, BH clinicians and Social Workers and depends on the member's primary diagnosis. Case Managers develop the care plan with the member/caregiver and the process includes input from the member's PCP, specialists, community agencies and others on the member's ICT.

For example, if a member's primary diagnosis was schizophrenia with secondary chronic condition of diabetes, the member's primary or lead Case Manager would be the BH clinician with the Social Worker (program specialist) and RN providing support. The team would arrange for LTSS for the member including respite care for the member's caregiver if the member is still able to live at home. The team would also connect the member and the caregiver to social support programs within the community, including support programs for the caregiver. The Case Manager and their team would provide ongoing monitoring of the member, ensuring the member is at the appropriate level of care.

Our Case Managers are employed by Louisiana Healthcare Connections and empowered to meet consumers' needs and desires to live as independently as they choose, unconstrained by financial, physical or psychological limitations. It has been the experience of several states that decoupling the provision of services from the assessment and authorization of those same services resulted in more efficient overall care plans and plans that were more aligned with the consumers' needs.

A program that enables or allows for those directly providing services to assess and develop care plans creates disincentives to maximize utilization for the providers of services and also tends to restrict the member's choice of provider to the provider that is actually performing the assessment and developing the care plan. By ensuring those authorizing care plans are not those providing services, Louisiana Healthcare Connections' ensures members receive more efficient and desired services. In short, when conflict-free case management exists, consumers can receive services designed to meet their individual needs. Conversely, when conflicts exist, consumers are often restricted from their choice of provider to that provider actually performing the care plan development.



***Inclusion of behavioral health;***

Although Louisiana Healthcare Connections is confident we can continue to coordinate effectively with our existing Bayou Health Plan behavioral health partner, we recommend integrating behavioral health into the LTSS program. Creating a fully integrated solution inclusive of physical health, behavioral health, pharmacy benefits and LTSS services will reduce fragmentation for our members and allow for holistic coordination of members' needs.

In addition, allowing the health plan to cover all benefits with no "carve-outs" enhances care coordination, leads to maximum opportunity for integration, and reduces confusion and fragmentation for these fragile, complex individuals. The streamlining of traditionally fragmented categorical funding sources that a coordinated care approach achieves is particularly beneficial for high-risk populations where multiple co-morbid conditions and multiple treating providers are prevalent, such as in the LTSS program. It also eliminates a "silo approach" to care management and cost savings and, instead, creates an incentive to look at the entirety of each member's needs. Immediate access to data and the ability to closely monitor a member's care is crucial and better facilitated through this approach.

Cenpatico Behavioral Health, LLC., a Centene subsidiary, provides behavioral health services for 14 of Centene's health plans. Their expertise lies in providing behavioral health care for Medicaid recipients, including those with special healthcare needs. The benefit of fully-integrated specialty care is enhanced through both integrated processes and systems. For example, Cenpatico shares the same member-centric health management platform as their affiliate health plans, enabling Case Managers (RNs, Behavioral Health Clinicians and Social Workers) to view and provide input to a single member health record. Centene has seen a trend throughout the country towards integrating behavioral health into managed care plans, including recent procurements in Kansas, New Hampshire and Florida. To allow for a seamless transition to managed care, Louisiana Healthcare Connections would recommend a model that allows for health plans to work with existing state agencies to develop formal collaboration guidelines outlining how we would collaborate to maximize coordination and member outcomes.

### ***How the system will use evidence-based best practices for treatment and patient care;***

Because the services provided in a LTSS contract are not solely clinical in nature, traditional evidence-based UM criteria are not practical guides when determining appropriateness of services. LTSS members' needs, goals, and preferences should be the primary driver, while looking holistically at each unique individual when making decisions about the services they receive. Standardized tools developed in collaboration with DHH, the Office of Aging and Adult Affairs, and other appropriate organizations, such as Human Services Authorities and advocacy organizations should serve as a foundation from which health plans build on the development of specific criteria.

Relying on experienced health plans with LTSS experience will ensure the application of UM guidelines and review criteria based not only on tools and guidelines in use today, but also on experience with LTC populations, clinical expertise of staff and network providers and available best practices for holistic care including physical, behavioral, and LTC needs (e.g., the American Medical Directors Associations' "Clinical Practice Guidelines in Long-Term Settings").

Our Utilization Management Committee (UMC), comprised of our Chief Medical Director, VP of Medical Management and key network providers, will use available best practices (or promising) literature, NCQA guidelines and State and regulatory guidelines including 42 CFR Parts 438 and 456 to develop UM guidelines and review criteria specific to LTC settings such as nursing facilities, hospice, assisted living facilities, the member's home and personal care services. Policies and procedures should also address the coordination of behavioral health services such as screening and identifying enrollees with potential behavioral health issues, referring enrollees to a behavioral health provider for assessment and treatment and monitoring BH providers to ensure initial and ongoing delivery of services.

### ***Identify partnerships that might be formed;***

Both Louisiana Healthcare Connections and Centene recognize the vital importance of collaborating with organizations that provide services to LTSS recipients including FQHCs, CMHCs, Nursing Homes, Assisted Living Facilities, Personal Care Agencies, Centers for Independent Living and many community organizations and advocacy groups. Each of Centene's existing health plans providing LTSS have a long-standing track record of working with local agencies and each have implemented a Community Advisory Committee as a means to formalize the process for incorporating input from community agencies.

The following represents a partial listing of organizations Louisiana Healthcare Connections would target for partnerships:

- Human Service Authority (Jefferson Parish, Lafourche, Orleans)
- Office of Aging and Adult Affairs (State Agency)
- Centers for Independent Living, such as New Horizons, Resources for Independent Living and Southwest Louisiana Independence Center
- Major Case Management Agencies (Easter Seals/ Medical Resources, Quality, Cadence)
- Bayouland Families Helping Families (throughout the state)
- Gulf Coast Teaching Family Services
- Parent Training Information Center (PTI)
- The Advocacy Center (Orleans)
- Spina Bifida Association Organization (Orleans)
- Traumatic Brain Injury (Support Group)
- Spinal Cord Injury Support (Major Hospital)
- Special Olympics Louisiana (Hammond, LA)

***Education and outreach (for providers, Medicaid enrollees, and stakeholders) necessary prior to implementation;***

Any time a new population is introduced into managed care, it is critical to provide education and outreach early and often. Prior to awarding the contract, we recommend DHH build on the communication strategy utilized for introducing the Bayou Health Plan by conducting on-site outreach meetings with stakeholders and LTSS recipients. It is critical with this population to ensure meetings are as convenient and accessible as possible. Their input into program design and requirements to include in the RFP would be invaluable. After contract award, Louisiana Healthcare Connections would outreach to the provider community through office visits, direct mail and targeted Webinars offering training to LTSS providers and information about managed care in addition to engaging select advocacy groups throughout the state.

Louisiana Healthcare Connections would (and recommends the State and all health plans) meet regularly with members, parents or other caregivers, advocates and providers for this population to gather recommendations and information about their concerns in order to work collaboratively to enhance access to LTSS services. In addition to one-on-one meetings with providers and stakeholders such as advocacy organizations, prior to implementation, Louisiana Healthcare Connections would gather input through our Provider Advisory Committee (PAC) and Community Health Advisory Committee (CHAC) as well as seek additional feedback from our Member Advisory Council (MAC) following go-live. For example, we would share our planned policies and procedures for conducting member assessments and request feedback as to how these might be enhanced to better meet our members' needs. Recognizing the many types of non-traditional providers who will serve this population, we would solicit input from our PAC on how best to communicate with these providers, such as how to explain the various ways providers can submit claims, including electronic, paper, and web-based through our existing Provider Portal.

We would share training materials used successfully during implementations in other markets with the providers and work with them to tailor the materials to meet their needs. We would meet with agencies and providers statewide as requested, or as needs are identified. Our Provider Relations Representatives (PRRs) would offer training and support related to billing and other Louisiana Healthcare Connections polices.

Louisiana Healthcare Connections would recommend DHH serve as lead for outreach and education and that outreach occur early in the process as well as often throughout. Our affiliate health plans in markets such as Illinois and Kansas have experience partnering with the state when LTSS services were transitioned from FFS to managed care. Because they have participated in this type of collaborative outreach with, not only the state, but also with other contracted health plans, they have witnessed the profound impact education has on reducing the level of concern consumers and their caregivers have about the transition to managed care.

***Issues DHH should include in any Request for Proposals;***

Louisiana Healthcare Connections has the following additional recommendations regarding the LTSS Program:

- DHH should consider amending the contracts of existing Bayou Health Plans who are interested and qualified to include LTSS in lieu of a competitive procurement. This approach has multiple benefits for DHH, Medicaid recipients and providers. With a competitive procurement, it is possible for health plans not currently participating as a Bayou Health Plan would be awarded contracts. In this scenario, fragmentation continues for members who may have one health plan for their medical benefits and another for their LTSS services. In addition, DHH has increased administrative burden with additional health plan oversight responsibilities and providers who have additional health plans

with which to coordinate and contract. This approach would also significantly reduce the time needed to implement the program and expedite the savings for the State. There is precedent for this approach in other states such as Tennessee and Delaware, where LTSS services were “carved in” to existing health plan contracts. Since the “carve in,” Tennessee’s program has been effective, increasing the number of people receiving HCBS from 20% to 28% while decreasing the number of people receiving nursing facility services from 80% to 72%.<sup>1</sup>

- The LTSS Program should be structured in way that truly integrates and consolidates all benefits and populations currently managed by multiple state departments and through multiple funding streams.
- Should DHH move forward with a competitive procurement, Louisiana Healthcare Connections recommends respondents be required to submit a Network Development Plan as opposed to requiring contracts or LOIs. Based on the experiences of Louisiana Healthcare Connections and our affiliate Centene health plans, this approach eliminates obstructive behaviors often seen by providers who either do not want to negotiate with several organizations when, ultimately, only two or three will be awarded contracts or who are necessary for respondents to demonstrate network adequacy and leverage this position with unreasonable contract rates or requirements. DHH can ensure adequacy by including language in the LTSS Program contract requiring plans to contract with any willing provider who passes credentialing/quality requirements mandating payment at 100% of the Medicaid fee schedule.
- Louisiana Healthcare Connections strongly supports the establishment of a Navigator (Ombudsman) Program prior to the implementation of the LTSS Program. Our sister health plan in Wisconsin was instrumental in supporting a similar program and it has proven to be a valuable resource for consumers. A Navigator program could be achieved through the state procurement department with preference given to a nonprofit organization with proven experience in advocating for people with disabilities and other disadvantaged consumers. In addition, strong preference should be given to an organization employing people with disabilities. A Navigator procurement taskforce would be established to include state representatives and interested advocacy stakeholders. The Navigator would also serve as a point of contact for any member of a Medicaid LTSS managed care entity with questions about benefits, eligibility or the managed care process. In addition, members would have access to a resource should they have a disagreement or concern with any aspect of their managed care. This program would not circumvent the fair hearing process or the ability of any member to file a complaint or grievance externally. The Navigator would have direct contact with Senior Leadership within each selected LTSS managed care entity in order that issues are resolved with expediency. Quarterly reports would be provided by the Navigator that identify trends, issues resolved or unresolved, and recommendations for programmatic changes. Funding for the Navigator would be provided within the managed care capitation as an expense paid to the state and then routed back to the selected Navigator entity as an administrative expense (thus realizing FMAP).

***Standard that should be met for cultural competency, sensitivity to the needs of the dual eligible population (if applicable) and accessibility prior to enrolling recipients;***

Louisiana Healthcare Connections has and will continue to build upon the experience and successes of its Centene health plan affiliates who have provided culturally competent services to a variety of members including those with Limited English Proficiency (LEP), disabilities and diverse cultural and ethnic backgrounds for many years. Centene’s commitment to fostering a culturally competent environment among employees, providers and members has been most notably recognized by

<sup>1</sup> LTSS Governor’s Dashboard Graphs; [http://www.tn.gov/tenncare/long\\_graphs.shtml](http://www.tn.gov/tenncare/long_graphs.shtml)

independent third parties. Building upon this foundation, Louisiana Healthcare Connections would support delivery of services in a culturally competent manner for all members through provider, member and staff training, partnerships with key agencies and advocacy groups as well as ensuring a network reflecting, to the extent possible, the diversity of our membership.

Louisiana Healthcare Connections recommends the program include requirements for cultural competency in communication with members, the provision of quality health care across a variety of cultures and provider education so cultural differences between providers and members do not present barriers to access and quality health care. Like other Centene health plans, Louisiana Healthcare Connections strives to hire a diverse staff from local communities in order to support and monitor delivery of culturally competent services and care. For example, diversity among clinical and other staff in daily contact with members and providers enables Louisiana Healthcare Connections to continuously monitor the subtleties of cultural competence that are less amenable to measurement ( i.e. whether or not providers and their office staff speak to members in a respectful manner).

On January 24<sup>th</sup>, 2013, the Louisiana Healthcare Connections management team and their external marketing consultant participated in an in-depth, four-hour sensitivity seminar entitled, “Disability Awareness and Etiquette.” Conducted by two leading and respected disability advocates, the program covered the definition of “disability” and the myriad ways in which it is viewed, discriminated against and misunderstood by society. Through lively, interactive techniques, the seminar demonstrated basic examples of unconscious discrimination and challenges people with disabilities must overcome every day. It covered ways to address and treat people with disabilities—emphasizing the need to approach all with dignity and respect. It covered various groups who have specific preferences and highlighted ways to physically accommodate people with disabilities in the workplace.

Many myths, assumptions, stereotypes and misunderstandings were dispelled during the day and, by the end of the session, all who participated left with a more informed and enlightened perspective. The session also revealed the need for ongoing training which will be conducted throughout 2013 for Louisiana Healthcare Connections management, general staff and external partners/consultants.

Louisiana Healthcare Connections recommends using the National Standards for Culturally and Linguistically Appropriate Services in Health Care (**CLAS Standards**) issued by the U.S. Department of Health and Human Services Office of Minority Health as well as the **Americans with Disabilities Act standards** for the basis of programs and policies. In addition, we recommend requiring health plans maintain a written, strategic Cultural Competency and Diversity Plan, and conduct initial and ongoing organizational self-assessments of CLAS-related activities, integrating cultural and linguistic and disability competence related measures into internal audits, performance improvement programs, member satisfaction assessments and outcomes-based evaluations. Ongoing quality improvement activities, including measuring providers’ use of clinical practice guidelines, would address ethnic and other health disparities.

Louisiana Healthcare Connections is excited to participate in the State’s efforts to promote the delivery of services in a culturally competent manner to all members and potential enrollees, including those with Limited English Proficiency (LEP) and diverse cultural and ethnic backgrounds. One of Centene’s seven Core Value Statements, which applies to all affiliates including Louisiana Healthcare Connections, is “Diversity of People, Cultures and Ideas.” Centene earned the **Role Model Company designation** by working with Starkloff Disability Institute to train and educate decision makers and companies regarding disability diversity in the employment setting. SDI is dedicated to helping people with disabilities live independently and participate fully and equally in all aspects of society. Centene is committed to diversity and hiring people with disabilities in its corporate location and subsidiaries throughout the country. Centene funded a focus group study conducted by SDI to identify and overcome employer and individual biases regarding people with disabilities in the workplace. To further Centene’s commitment to diversity, three members of Centene’s senior staff participate on SDI’s Board of Directors. In addition,

Mary Troupe, the head of the Mississippi Disability Coalition and leader of our recent sensitivity seminar, sits on the Board of Centene's Magnolia Health Plan in Mississippi. Through this board participation, Centene and its health plans gain insight and knowledge into the disability community so we may tailor our programs and services to better serve our members in the community.

In 2010, Centene was awarded the Corporate Achievement and Image Award from the National Black Caucus of State Legislators (NBCSL). This award is presented to individuals and corporations working closely with African American legislators to address key issues affecting the African American community, including access to health care and health disparities. Centene was recognized and honored for assisting NBCSL in its networking activities with Members and advocates. NBCSL represents more than 600 African American state legislators from 42 states, the District of Columbia and the Virgin Islands.

Prior to enrolling recipients in the program, Louisiana Healthcare Connections recommends DHH mandate participating health plans be able to demonstrate the following:

- Completion of cultural competency training for all employees and subcontractors, including disability sensitivity training, recognizing and addressing specific issues related to individuals who are aged, blind, physically and developmentally disabled, and people with behavioral health issues; topics specific to people with hearing, speech, vision, mobility, respiratory, or cognitive impairment, or multiple/complex physical disabilities; how disability affects adults' and children's day-to-day lives, social support systems, and ability to access health care services; and alternative communication formats.
- A comprehensive Cultural Competency Plan containing information about people with disabilities and plans to assess provider competency and accessibility/ ADA compliance

#### ***Evaluation of success of the delivery model and over what timeframe;***

Based on the experience of Louisiana Healthcare Connections' parent company, Centene, and its affiliate health plans, an effective LTSS model will impact outcomes and savings that extend beyond those directly associated with LTSS services. Accordingly, the evaluation of a LTSS delivery model should incorporate measures that assess every aspect of the member's well-being, including but not limited to:

- The rebalancing of LTSS services, with predefined goals for shifts in institutions versus home and community based services
- Quality of life surveys, such as the SF-36 or SF-12
- National core indicators that measure outcomes such as quality of life and inclusion in the community
- Member satisfaction surveys
- Reduction in emergency room and inpatient acute care utilization
- Overall program savings in costs associated with all participating members

#### ***Potential financial arrangements for sharing risk and rate-setting appropriate for population;***

#### ***Principles that should guide DHH in requiring specific approaches for rate-setting; and***

Savings are generated in a LTSS Program not by decreasing unit costs, but through the program's ability to effectively transition participants to the least restrictive setting possible. Providing the supports that allow a consumer to safely leave an institutional setting will create not only savings in LTSS, but also generate savings in medical and behavioral health services through improved quality of life and health outcomes. Initially, it will be important for DHH to work with contractors in a transparent and

collaborative manner to set realistic rates that incorporate rebalancing in managed care assumptions and provide incentives for quality care.

Louisiana Healthcare Connections also recommends DHH follow the same process used for the Bayou Health procurement and set rates rather than incorporate pricing in a competitive procurement. LTSS rates should:

- Incorporate regional differences in costs
- Have different rate cells for the physical/chronic illness population and the developmentally disabled
- Have different rate cells for dual and non-dual members
- Set a target for rebalancing and pay incentives to plans accordingly

#### ***Timeline necessary for implementation.***

Implementation would focus on early planning and research to understand the needs of the community; deploying a standard set of tools and methodology developed from our parent company; Centene's past health plan implementations along with their considerable resources to dedicate a group of specialized professionals to ensure continuity from implementation to implementation. This approach consolidates lessons learned by Centene from past implementations and supports developing what will work best in Louisiana for a customized approach designed to meet DHH goals and objectives for a successful implementation of the LTSS program.

There are many factors that contribute to the timing and complexity of establishing a new Medicaid delivery and/or payment system. These factors can include, but are not limited to:

- Regulatory filings and approval process to establish the new delivery model
- Scope of services to be covered by the new delivery model
- Demographic composition and geographic dispersion of the potential membership
- Enrollment processing to be utilized
- Number of providers serving the recipients and the method of assigning members
- Amount of prior communication and education provided to prospective members, stakeholders and providers impacted by the pending change
- Availability of candidates to staff plan operations and network providers to provide services to the membership

Centene has considerable experience with implementing new businesses that account for these factors and others. They have managed successful health plan implementations in multiple markets including, but not limited to, new markets, new opportunities leveraging partnerships in new markets and organic growth in Centene's existing markets through additional product implementations and procurement efforts. Their implementation process demonstrates a commitment to ensuring a successful implementation and encompasses several stages that begin before contract award and extend beyond the state defined "go-live" date. The estimates provided below reflect the minimum amount of time needed to complete these stages and are based on prior experience in implementing programs of varying size in established (where Centene operates a participating plan) and new markets.

Stage	Description of Activities	Avg. Minimum Time		
		Established Market	New Market	
<b>Application Submission</b>				
Pre Implementation	Engagement of integrated leads; Development of: initial implementation workplan, preliminary budget (staffing, resources, facilities/infrastructure), project overview; Identification of initial risks and issues; Preliminary regulatory filings	30 days	60 days	
<b>Contract Award</b>				
Implementation	Finalization of workplan; Execution of workplan/ deliverables; Risk mitigation; Readiness review; Go-Live	90 days	120 days	
Post Implementation	Ensure stabilization of plan	60 days	180 days	
Total time to		Go – Live	120 days	180 days
		Plan Stable	180 days	360 days

***Potential risks and benefits of the approach(es) proposed.***

Louisiana Healthcare Connections believes there are multiple benefits which would result should DHH decide to move forward with creating a managed care LTSS Program. Many of these benefits have been highlighted throughout our response and include:

- Improved quality of life, independence and health outcomes for consumers
- Reduced fragmentation for consumers
- Improved administrative efficiencies for providers and DHH
- Enhanced flexibility to meet consumers’ needs
- Improved care coordination
- Expanded provider choice for consumers through truly conflict-free case management
- Ability to offer consumers value-added benefits

Based on the experience of our parent company and affiliate health plans, there is a risk if not a likelihood that advocacy groups and other key stakeholders would be concerned that needed services would be placed at risk as a result of transitioning LTSS services to a managed care service delivery model. This risk is one that can easily be mitigated through a transparent program development that actively involves these concerned stakeholders. We recommend that advocacy groups and LTSS providers (HCBS and facility) be invited to participate throughout the process, including contract award, implementation and ongoing health plan operations.